

**Department of Motor Vehicle Safety
Motor Vehicle Services**

**Affidavit of
Inheritance of Motor Vehicle**

State of Georgia, _____ County

Personally appeared before me, the undersigned person, who first being duly sworn, certifies that the Deceased, _____, who at the time of his/her death was the owner of the motor vehicle described below, left no will, that no application for the administration of the estate of the deceased is to be had; that the estate is not indebted and the surviving spouse if any, and the heirs, if any, have amicably agreed among themselves upon a division of the estate; and that title to said vehicle be issued to the person named below.

(Name of Applicant/Inheritor)

(Street Address)

(City)

(State)

(Zip)

(Make)

(Year Model)

(Vehicle Identification Number)

(Title Number)

(State of Issue)

(License Plate Number)

Sworn to and Subscribed Before Me

This _____ Day of _____,
(Month) (Year)

(Signature of Applicant/Inheritor)

(Signature of Notary Public)

(Date My Commission Expires)

*Certified copy of death certificate must accompany this form. Current title in name of deceased or properly assigned to deceased should be submitted with this form. All liens and security interests shown on the Motor Vehicle Services's records must be released in order for a free and clear title to be issued based upon this affidavit.

This Form Must Be Typed